## L01000010655

(Requestor's Name)				
(Address)				
,,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
· ——				
Special Instructions to Filing Officer:				
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Office Use Only

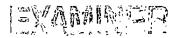


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THAMPTON



## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ		PALRE LLC Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the following:
	ALEX ENGLARD	
	Name of Person	
	INTERSTATE AGENT SERVICE Firm/Company	S, LLC
	2071 FLATBUSH AVE STE 1 Address	66
	BROOKLYN, NY 11234 City/State and Zip Code	
——Ē-	alex@llcpublishing.com	otification)
For fu	rther information concerning this matt	er, please call:
	alex englard	at ( 718 ) 569-2703
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	ng amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	PALRE LLC			
2. (a) Principal office address of limited liability com	Principal office address of limited liability company:			
(Note: MUST BE STREET ADDRESS)	2071 FLATBUSH AVE BROOKLYN, NY 11234			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	2071 FLATBUSH AVE BROOKLYN, NY 11234			
7/2/2001	L01000010	)655		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	NRAI SERVICES INC.			
Registered Office Address:	515 E. PARK AVENUE TALLAHASSEE FL 323	01		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	INTERSTATE AGENT	SERVICES, LLC		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1540 GLENWAY DRIV	<u> </u>		
	TALLAHASSEE	,FL <u>32301</u>		
If the limited liability company is not organized under confirmed that after the change or changes are made and the business office of the registered agent will be i liability company, it is hereby confirmed that the changof the members of the limited liability company or as cor the operating agreement of the limited liability composition of the limited liability composition of the limited liability composition of a member  ALEX ENGLARD - AUTHORIZED PERSON Printed or typed name of signee  I hereby accept the appointment as registered agent accomply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of member that the limited liability companders, I hereby confirm that the limited liability companders, I hereby confirm that the limited liability companders.	fie Florida street address of the identical. Or, in the case of a Floge(s) was/were authorized by arotherwise provided in the article pany.	registered office orida limited affirmative vote is of organization SECRETARY OF SORPORPORPORE TO THE SORPORPORPORPORPORPORPORPORPORPORPORPORPO		
Signature of Registered Agent	ALEX ENGLARD - SPECIA	AL SECRETARY		
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